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SICKNESS SURVEYS OF THE METROPOLITAN LIFE INSURANCE COMPANY.

The agitation for general sickness insurance legislation along lines more or less similar to that providing workmen's compensation insurance to cover industrial accidents has sharply called attention to the need of statistical data with reference to the extent and character of sickness in our various communities, data almost entirely lacking at the present time. Workmen's compensation insurance has demonstrated that a provision for indemnity is necessary to bring out the true extent of disability even when it is such that its symptoms are as objectively apparent as those of industrial accidents. Sickness being a condition of which the symptoms are essentially subjective, it must be evident that it will not be possible to get complete data without a comprehensive insurance system. That, however, is no excuse for not trying to find out all we can about the health conditions of our communities as far as at present revealed.

Recognizing this and having found by test that in their agency organization the industrial life insurance companies have very useful machinery for the collection of social statistics of various kinds, the Metropolitan Life Insurance Company has endeavored to supply something in this field by a series of community sickness surveys under the direction of their third vice-president, Dr. Lee K. Frankel, and their statistician, Dr. Louis I. Dublin. The results of the following surveys have been published:

1. Rochester, N. Y., week of September 13, 1915.
2. Trenton, N. J., October, 1915.
3. North Carolina (sample districts throughout the State), week of April 17, 1916.
4. Boston, Mass., two weeks of July 17 and July 24, 1916.
5. Chelsea Neighborhood (New York City), two weeks beginning April 23, 1917.
6. Principal Cities of Pennsylvania and West Virginia, March, 1917, with a separate study of the results of this survey in Pittsburgh.
7. Kansas City, Mo., two weeks of April 16 and 23, 1917.

The method of procedure was fairly simple and was essentially the same in all the surveys. By reason of the weekly collection of premiums from house to house the agents of the company have established a friendly, almost confidential, relationship with their policyholders who compose a substantial part of the wage-working population of the various communities studied. The agents were supplied with a simple blank on which to record the health condition of each member of every family visited. This blank showed the age, sex and occupation of each member of the family and, where sick the disease or cause of disability, duration, extent of disability, *i. e.*, whether confined to bed, and kind of treatment, *i. e.*, by physician at home, hospital, dispensary, etc. The returns were gathered under the supervision of the district agency heads and the compilations made at the home office.

The data have been carefully and ably analyzed and the results are presented in the form of tables with explanatory text. Among the phases of the sickness problems discussed are: the distribution of sickness by age, sex and condition, *i. e.*, house confinement, ambulant but disabled from work, etc., the distribution of sickness by disease or conditions and duration, age, etc., the nature of care (in this connection community facilities are discussed in some of the reports) and other salient features of the data collected. In short the authors have endeavored from the data before them to give a fair and complete picture of the conditions found. They have not hesitated as they went on to point out weaknesses in the data, though the reports of successive studies indicate an increasing confidence on their part in their results.

In the hands of the careful worker these surveys are most valuable material. Their weaknesses must, however, always be kept in mind. The method is a census method and therefore presents a cross-section at a given instant and not a complete perspective. In comparisons between communities, for example, regard should be had to the influence, if any, of the time of year of the respective surveys or any other temporary factor. From the data presented showing the number of people sick and well, brought within the census, the number of cases of recorded sickness and their duration we can make a reasonable estimate of the average time lost per unit of exposure, *i. e.*, the rate of sickness. It is open to question whether this estimate can be safely taken as equivalent to the sickness rate which would be developed through such complete registration of the same population as would occur under a sickness insurance system. Probably the greatest weakness lies in the fact that the enumerators were not physicians and were not in position to make examinations of any kind and had, perforce, to take the patient's own diagnosis of his case. On this there was no check except where the family was a recipient of the visiting nurse service of the same company.

While we have devoted considerable space to the foregoing weaknesses of the plan, they are inherent in conditions such as all pioneer workers must face. It is to be hoped Messrs. Frankel and Dublin will be permitted to continue these studies and that they will continue, as they have in successive surveys, to bring in new phases of the sickness problem as facilities offer.

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INTERNATIONAL INSTITUTE OF AGRICULTURE.

In December of 1917 this Institute issued its Year Book of Agricultural Statistics for 1906-1916, which is a survey of ten years of agriculture throughout the world and is described as "without any doubt the most complete work in existence on agricultural statistics as it is the result of the most extensive and, at the same time, the most detailed research yet devoted to this study." Aside from the intrinsic importance of the pub-